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Change in Coding on Medicare Claims for Darbepoetin Alfa (Aranesp) and Epoetin Alfa (Epogen, EPO) For Treatment of Anemia in End Stage Renal Disease (ESRD) Patients on Dialysis

Note: This article was updated on April 5, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians, dialysis facilities, and hospital outpatient providers of renal services and DME suppliers of renal services who bill Medicare for the administration of Darbepoetin Alfa (Aranesp) and Epoetin Alfa (Epogen, EPO) for End Stage Renal Disease (ESRD) patients.

Provider Action Needed



STOP – Impact to You

When you bill Medicare for the administration of Aranesp and EPO for your ESRD patients on or after January 1, 2004, if you don't use the new HCPCS codes that CMS has established for these drugs, your payments may be impacted.



CAUTION – What You Need to Know

The Q codes previously assigned to bill Medicare for the administration of Darbepoetin Alfa (Aranesp) and Epoetin Alfa (Epogen, EPO) in your ESRD patients are not usable after January 1, 2004. CMS has established new HCPCS codes you will now need to use when you bill for these drugs in this patient population. For Aranesp, the new code is Q4054 and for EPO, the new code is Q4055.



GO – What You Need to Do

Make sure your billing offices are aware that new HCPCS codes have been established for billing the administration of Aranesp and EPO in your ESRD patients, and change your billing procedures accordingly. Note that the

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Hematocrit level must be on the claim or it will be returned. Also, if you use the Free Billing Software for Medicare claims, supplied by your Medicare carrier, please be sure you have the new version that enables acceptance of Hematocrit levels on the claim.

Background

CMS has established new HCPCS codes for the administration of Darbepoetin Alfa (Aranesp) and Epoetin Alfa (Epogen, EPO) to treat anemia in End Stage Renal Disease (ESRD) patients.

The reasons for this action are slightly different for each drug. Historically, there has been no code that specifically identifies the administration of Aranesp for ESRD. Therefore, CMS has established the new HCPCS code **(Q4054, Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis))** for its use in ESRD patients. Since there is currently no payment rate for Aranesp, CMS has determined that code Q4054 should be paid based on the Single Drug Pricer payment amount until CMS has determined an appropriate conversion factor and corresponding payment rate for this drug.

On the other hand, in assessing the Fiscal Intermediaries' (FIs) billing practices for the administration of EPO, CMS found that they were using revenue codes and value codes rather than the assigned Q codes (Q9920 through Q9940) to bill for its administration. Therefore, CMS rescinded these Q codes and established a new HCPCS code **(Q4055, Injection, epoetin alfa, 1,000 units (for ESRD on dialysis))** for EPO usage in ESRD patients only.

Related Instructions

For additional information about ESRD claims, go to Chapter 8 of the Medicare Claims Processing Manual (CMS Publication 100-04) at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c08.pdf> on the CMS website.

For additional questions regarding ESRD billing rules, contact your local carrier, DMERC, or intermediary at their toll-free number. A list of these numbers may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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